

**The State of Florida Formally Submits an  
Amendment  
to Expand Options for Consumer Direction  
via**

*Independence Plus*  
A Demonstration Program for  
Family or Individual Directed  
Community Services Demonstration  
*§1115 of the Social Security Act*

Created by:



Center for Medicaid and State Operations

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**Template for *Independence Plus*:  
A Demonstration Program for Family or Individual Directed Community Services  
§1115 Demonstration Proposal**

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***Independence Plus***  
**A Demonstration Program for**  
**Family or Individual Directed Community Services**  
**1115 Demonstration Application**

**I. State Proposal Information**

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The State of Florida, Agency for Health Care Administration, in cooperation with the Department of Children and Families, the Department of Elder Affairs and the Department of Health, proposes to implement an Independence Plus 1115 waiver by amending the current Consumer Directed Care (CDC) Waiver. The amendment changes the design of the current CDC Waiver, primarily by ending randomization of participants and expanding the waiver statewide.

Participants in the amended waiver will consist of: 2,856 consumers participating in the current CDC Waiver (experimental or control group), 137 consumers scheduled for enrollment into the CDC Waiver from the “Choice and Control” group, along with 357 Medicaid eligibles formerly receiving care from the Aged and Adult Disabled (A/D) Waiver or Traumatic Brain Injury/ Spinal Cord Injury (TBI/SCI) Waiver. The Developmental Services (DS) Waiver, A/D Waiver and TBI/SCI Waiver may also utilize vacated “slots” to accommodate new participants.

**II. General Description of the Program**

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The purpose of the amendment is to expand Florida’s options for consumer direction of Medicaid HCBS waiver services, allowing consumers (or their representatives), to direct their care and to control the HCBS waiver budget allocated for the consumer’s long-term care needs. Consumers will make decisions (within specified guidelines) about what type of services, equipment or other purchases will best meet their needs. Consumers will also choose their service providers, which may include independent workers, family, friends or traditional home care agencies and HCBS waiver providers.

The expansion of consumer directed care was authorized by the 2002 Florida Legislature and some program features differ from the state’s existing Consumer Directed Care Waiver (also known as “Cash and Counseling”). The changes specified by the Legislature include: the waiver will operate on a statewide basis, all participants will be required to use a fiscal intermediary and persons who render care will be required to undergo a background screening. In addition, there will be no randomization for this waiver – that is, individuals will not be assigned to a control group but rather all individuals enrolled will have the opportunity to receive a budget allowance.

The Consumer Directed Care Waiver was implemented in March 1, 2000 and has been operating for over two years. Individuals participating in the waiver prior to this amendment will begin to make the transition from the current program to the revised waiver design on the approved effective date or upon completion of their obligations to the research requirements, whichever date is later, or will be offered the choice to return to their originating HCBS waiver. Other interested individuals will be identified, considered for enrollment, and enrolled up to the enrollment cap specified in this application. Individuals may request enrollment starting on the effective date, April 1, 2003, on through the point at which the cap on enrollment has been reached or the funding agency ceases to have adequate general revenue funds available in their legislatively approved spending plan to serve additional enrollees. This amendment also includes a request for an extension to the current waiver to permit a full eight-year waiver period consistent with 1115 waiver guidelines.

### **III. Assurances**

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The program design includes the following mandatory requirements (please check all to indicate assurance):

- ☒ The program is voluntary for all eligible participants.
- ☒ A Fiscal/Employer Agent will be utilized by all participants.
- ☒ The State will comply with public notice requirements as published in the Federal Register, Vol. 59, No. 186, dated September 29, 1994 (Document number 94 -23960) and Centers for Medicare and Medicaid Services (CMS) requirements regarding Native American Tribe consultation.

### **IV. Waivers Requested**

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The following waivers are requested pursuant to the authority of Section 1115(a)(1) of the Social Security Act (Please check all applicable):

☐ **Statewideness 1902(a)(1)**

To enable the State to operate the demonstration within an area that does not include all political subdivisions of the State.

☒ **Comparability 1902(a)(10)(B)**

To permit the state to offer demonstration participants benefits that are not equal in amount, duration, and scope to those offered to other Medicaid beneficiaries.

☒ **Income and Resource Rule 1902(a)(10)(C)(i)**

To permit the exclusion of payments received under the demonstration from the income and resource limits established under State and Federal law for Medicaid eligibility. Beneficiaries will also be permitted to accumulate financial resources in a separate account for special (approved) purchases.

**X**     **Provider Agreements 1902(a)(27)**

To permit the provision of care by individuals who have not executed a Provider Agreement with the State Medicaid agency.

**X**     **Direct Payments to Providers 1902(a)(32)**

To permit payments to be made directly to beneficiaries or their representatives.

**X**     **Payment Review 1902(a)(37)(B)**

To the extent that prepayment review may not be available for disbursements by individual beneficiaries to their caregivers/providers.

Section 1115(a)(2) authority of the Social Security Act is requested for the following expenditures to be made by the State under the demonstration (which are not otherwise included as expenditures under Section 1903) for the period of the demonstration to be regarded as expenditures under the State's Title XIX plan.

<b>Note:</b> Checking the appropriate box(es) will allow the State to claim Federal Financial Participation for expenditures that otherwise would not be eligible for Federal match.
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**X**     Expenditures for demonstration caregiver services provided by members of the demonstration participant's family to the participant.

**X**     Expenditures to provide services that are not covered under the State Plan as demonstration services, i.e., to provide for training and fiscal/employer agent services as a part of the demonstration design.

**X**     Expenditures for prepayment to demonstration participants for demonstration services prior to the delivery of those services.

## V. State Specific Elements

### Target Population(s)

All items that apply are checked:

Category	CHILDREN AGE RANGE		ADULTS AGE RANGE		AGED AGE RANGE
	From	To	From	To	From
AGED ONLY			18		60+
DISABLED (PHYSICAL)			18	59	
DISABLED (OTHER) <b>SPINAL CORD INJURY</b>			18	End of life	
BRAIN INJURY (ACQUIRED)					
BRAIN INJURY (TRAUMA)			18	End of life	
HIV/AIDS					
MEDICALLY FRAGILE					
TECHNOLOGY DEPENDENT					
AUTISM					
DEVELOPMENTAL DISABILITY	3	17	18	End of life	
MENTAL RETARDATION					
MENTAL ILLNESS					

### Geographic Area

☒ Statewide  
☐ One County or  
☐ Regional  
☐ Other (Please specify)

### Enrollment Cap

The limit on the number of enrollees is:

Group	Originating HCBS Waiver		
	A/D	DS	TBI/SCI
<b>CDC Control</b>	550	1,172	6
<b>CDC Experimental</b>	249	873	6
<b>Choice and Control</b>	NA	137	NA
<b>Non-CDC</b>	330	0	27
<b>Total</b>	1,129	2,182	39

### Delivery System

Family members or legally responsible persons may qualify as providers?

☒ Yes ☐ No

Beneficiaries will be permitted to invest resources in a special account for special (approved) purchases?

☒ Yes ☐ No

*The state may utilize vacated slots to enroll individuals from one of the three originating HCBS waiver programs.*

## Services

The State requests that the following State Plan Services be included under this demonstration

<u>    </u>	Personal Care Services	<u>  X  </u>	Non-Emergency Transportation
<u>  X  </u>	Durable Medical Equipment	<u>  X  </u>	Other: Targeted Case Management and Mental Health
<u>  X  </u>	Home Health Services		

The State requests that the following Home and Community-Based Services, as set forth in 42 CFR 440.180, be included under this demonstration:

### A/D Waiver services:

<u>  X  </u>	Homemaker Services
<u>    </u>	Home Health Aide Services
<u>  X  </u>	Personal Care Services
<u>  X  </u>	Adult Day Health Services
<u>  X  </u>	Respite Care Services
<u>    </u>	Enhanced Personal Care
<u>    </u>	Transportation
<u>    </u>	Supported Employment
<u>  X  </u>	<b>Other services</b> requested by the State and approved by CMS as budget neutral and necessary to avoid institutionalization:
	<b>Attendant Care</b>
	<b>Case Management</b>
	<b>Case Aide</b>
	<b>Chore Services</b>
	<b>Companion Services</b>
	<b>Consumable Medical Supplies</b>
	<b>Counseling</b>

**Escort**  
**Environmental Accessibility Adaptations**  
**Family Training**  
**Financial Risk Reduction**  
**Health Support**  
**Home Delivered Meals**  
**Nutritional Risk Reduction**  
**Occupational Therapy**  
**PERS**  
**Pest Control**  
**Physical Therapy**  
**Physical Risk Reduction**  
**Respiratory Therapy**  
**Skilled Nursing**  
**Specialized Medical Equipment and Supplies**  
**Speech, Hearing and Language Services**

### DS Waiver services:

<u>  X  </u>	Homemaker Services
<u>    </u>	Home Health Aide Services
<u>  X  </u>	Personal Care Services
<u>    </u>	Adult Day Health Services
<u>  X  </u>	Respite Care Services
<u>    </u>	Enhanced Personal Care
<u>  X  </u>	Transportation
<u>  X  </u>	Supported Employment
<u>  X  </u>	<b>Other services</b> requested by the State and approved by CMS as budget

neutral and necessary to avoid institutionalization:  
**Adult Day Training**  
**Adult Dental**  
**Behavior Assessment**  
**Behavior Therapy**  
**Behavioral Services Assistant**  
**Chore Services**  
**Companion Services**  
**Consumable Medical Supplies**  
(Continued on next page)

DS Waiver Services (Continued)

**Dietitian Services**  
**Durable Medical Equipment and Supplies**  
**Environmental Accessibility Adaptations**  
**In-Home Support Services**  
**Medication Review**  
**Non-residential Support Services**  
**Occupational Therapy Assessment**  
**Occupational Therapy**  
**PERS, installation**  
**PERS, monthly service**  
**Physical Therapy, Assessment**  
**Physical Therapy**  
**Private Duty Nursing**

**Psychological Assessment**  
**Residential Habilitation Services**  
**Residential Nursing**  
**Respiratory Therapy**  
**Skilled Nursing**  
**Special Medical Home Care**  
**Specialized Mental Health Services**  
**Speech Therapy**  
**Support Coordination**  
**Transitional Support Coordination**  
**Supported Living Coaching**  
**Therapeutic Massage**

**TBI/SCI Waiver Services:**

**X** Homemaker Services  
     Home Health Aide Services  
**X** Personal Care Services  
     Adult Day Health Services  
     Respite Care Services  
     Enhanced Personal Care  
     Transportation  
     Supported Employment  
**X** **Other services** requested by the  
State and approved by CMS as budget  
neutral and necessary to avoid  
institutionalization:

**Adaptive Health and Wellness**  
**Assistive Technologies**

**Attendant Care**  
**Behavioral Programming**  
**Community Support Coordination**  
**Companion**  
**Consumable Medical Supplies**  
**Environmental Accessibility**  
**Adaptations**  
**Life Skills Training**  
**Personal Adjustment Counseling and**  
**Training**  
**Rehabilitation Engineering Evaluation**

**The services available through this demonstration will all be self-directed support services, under the direction of the participant or representative, and will comply with all existing regulations unless waived.**

**Administrative Costs**

The DOEA provides the core administrative functions for this waiver.

The Developmental Disabilities program does not anticipate incurring new costs related to this amendment. The DD program has estimated that a total of 14 full-time equivalents (FTEs) in the 14 districts/regions (1 FTE per district/region) will be needed to administer the program as amended. The 14 FTEs administering the current CDC Waiver will be sufficient to accommodate new enrollees. Therefore, no new staff will be required.



The Department of Health is anticipating enrollment of a limited number of consumers from their existing HCBS waiver program and does not expect to incur new costs specific to the amendment at the present time.

A total of \$676,195 will be expended annually for program administration. The annual expenditures detailed below are effective July 1, 2003, consistent with the State's fiscal year.

<b>Category</b>	<b>State Funds</b>	<b>Federal Funds</b>	<b>Total</b>
Salaries for Program Staff	\$101,137.50	\$101,137.50	\$202,275.00
Other Personnel Services (OPS): program staff	\$12,918.50	\$12,918.50	\$25,837.00
OPS Outreach Staff	\$5,000.00	\$5,000.00	\$10,000.00
Total OPS	\$17,918.50	\$17,918.50	\$35,837.00
Total Staff	\$119,056.00	\$119,056.00	\$238,112.00
Total Expense	\$170,943.50	\$170,943.50	\$341,887.00
OCO/Capital Items	\$10,000.00	\$10,000.00	\$20,000.00
Total Direct	\$299,999.50	\$299,999.50	\$599,999.00
Indirect Costs	\$38,098.00	\$38,098.00	\$76,196.00
<b>Grand Total</b>	<b>\$338,097.50</b>	<b>\$338,097.50</b>	<b>\$676,195.00</b>

## **VI. Budget Neutrality**

- X** The attached budget shell relies on the model that the demonstration expenditures will not exceed what would have been incurred without the demonstration (see Flc+camendbnprojection.xls).
- X** The State assures that the aggregate cost of services provided herein will be no more than 100% of the cost to provide these services without the waiver. The plan of care and budget for plan of care will be developed in the demonstration exactly as they would have been developed without the waiver. Procedures for determining the amount, duration, and scope of Personal Care services are identical for Personal Care recipients, regardless of whether or not they are part of this voluntary demonstration program.

## VII. Additional Requirements

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In addition to the above requirements, the State agrees to the Section 1115 *Independence Plus: A Demonstration Program for Family or Individual Directed Community Services* Special Terms and Conditions (STCs) of Approval, and agrees to amend the Operational Protocol document as described by the STCs. During CMS's review and consideration of this demonstration amendment request, using the Model STCs, the state will work with CMS to develop STCs that are specific to this request that will become part of the approval of the demonstration amendment.

_____	<u>Bob Sharpe, Deputy Secretary for Medicaid</u>
Date	Name of Authorizing Official, Typed

_____	_____
Date	Name of Authorizing Official, Signed